

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ellis Reinhertz and Linda Clayton

Application No.: 08/948,124

Group: 1642

Filed: October 9, 1997

Examiner: Yaen, Christopher H.

Confirmation No.: 6658

For: METHODS OF IDENTIFYING AGENTS WHICH ENHANCE CASPASE ACTIVITY (As Amended)

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202

on 1/2/03 Dawn M Myers  
 Date Signature

Dawn M Myers  
 Typed or printed name of person signing certificate

Assistant Commissioner for Patents  
 P.O. Box 2327  
 Arlington, VA 22202

Sir:

Transmitted herewith is Amendment E for filing in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

|  | (COL. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (COL. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (COL. 3)<br>PRESENT<br>EXTRA |
|--|---|-------|---|------------------------------|
| TOTAL  | 9   | MINUS | * 52  | 0                            |
| INDEP  | 3   | MINUS | ** 4  | 0                            |
| <b>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</b> |   |       |   |                              |

\* not fewer than 20

\*\* not fewer than 3

| SMALL ENTITY |           | OTHER THAN<br>SMALL ENTITY |
|--------------|-----------|----------------------------|
| RATE         | ADDT. FEE |                            |
| X \$ 9       | \$        |                            |
| X \$42       | \$        |                            |
| + \$140      | \$        |                            |

TOTAL = \$ 0TOTAL = \$ 0

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Please charge Deposit Account No. 08-0380 for the following fees:

|                          |   |                      |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | Petition for [        ] month Extension of Time | \$ _____             |
| <input type="checkbox"/> | Amendment Fee                                   | \$ _____             |
| <input type="checkbox"/> | Other Fees:<br>_____<br>_____                   | \$ _____<br>\$ _____ |
|                          |   | TOTAL: \$ <u>0</u>   |

A check is enclosed in payment of the following fees:

|                                     |  |                      |
|-------------------------------------|--|----------------------|
| <input checked="" type="checkbox"/> | Petition for three month Extension of Time | \$ <u>465</u>        |
| <input type="checkbox"/>            | Amendment Fee                              | \$ _____             |
| <input type="checkbox"/>            | Other Fees:<br>_____<br>_____              | \$ _____<br>\$ _____ |
|                                     |  | TOTAL: \$ <u>465</u> |

A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Linda M. Chinn  
Linda M. Chinn  
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Concord, Massachusetts 01742-9133  
Dated: January 2, 2003